

EXHIBIT 15

Liberty Life Assurance Company of Boston
Disability Claims
P. O. Box 242484
Charlotte, NC 28224-9904

August 9, 2006

Attn: Chronic Illness Return to Work Program

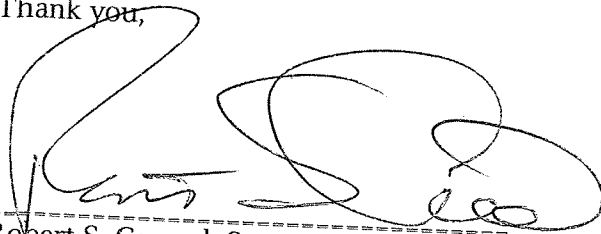
RE: Claim # 2021495

Dear Ms. Mack:

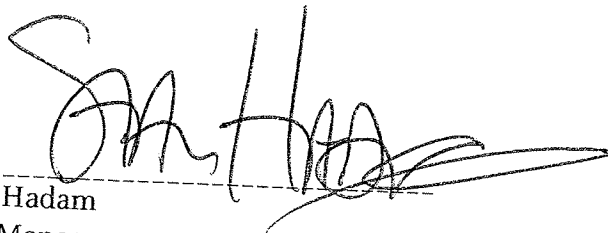
As you know I have a chronic health condition that limits my ability to work full time. I have been limited to working three hours a day Mondays, Wednesdays and Fridays. I average one week per month of productivity. In the month of July 2006 I worked 38 hours and 40 minutes.

Enclosed is my July 2006 pay stub as you can see I had gross commission income of \$961.66, I believe I still should be eligible for disability payments, please advise me on your findings.

Thank you,



Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081
1-856-875-1739



Stanley Hadam
Branch Manager
Wachovia Securities
Five Greentree Plaza, Suite 400
Marlton, NJ 08053
1-800-866-8808

EXHIBIT 16

Compensation and Benefits
NC0960
Two Wachovia Center, 4th Floor
301 South Tryon Street
Charlotte, NC 28286-0960



September 5, 2006

WACHOVIA

Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081

Dear Mr. Conrad:

This correspondence is in regards to your appeal of Liberty Mutual's denial of continued Long-Term Disability benefits under the Wachovia Plan. Liberty Mutual has notified the Plan Administrator that your claim has been reopened.

Per Liberty Mutual, they have reopened your claim based on confirmation from you that your earnings for July 2006 were \$961.66, which was less than 80% of your pre-disability earnings. Since this period fell within 6 months from the date your claim was closed, your claim has been reopened with Liberty Mutual for a successive period of disability.

As a result, your appeal with the Plan Administrator has been closed. Your Liberty Mutual Case Manager will continue to handle your claim. Additionally as provided by the plan, Liberty Mutual will continuously monitor your condition throughout the disability period.

If you have further questions regarding your Long-Term Disability, please contact your Case Manager at Liberty Mutual.

If there are any questions regarding the closing of your appeal, please feel free to contact me at 704-374-3426.

Sincerely,

James L. Beaver 

James L. Beaver
Senior Vice President
Human Resources Division

EXHIBIT 17



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 291-0112
Secure Fax No.: (888) 443-4212

September 21, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

We are writing in regard to your request to re-open your claim for disability benefits under the Wachovia Corporation Long Term Disability Plan Successive Periods of Disability provision. Based on your continued inability to perform the duties of your occupation as defined in our original January 11, 2005 approval letter, your claim has been re-opened and disability benefit payments will resume at 60% of your pre-disability earnings at the time of your original disability, less "benefits from other income."

We have reviewed the earnings information you provided for the months of July 2006, August 2006, and September 2006. Since this information confirms that in these months your earnings were *20% or more of your Pre-Disability Earnings, but less than 80% of your Pre-Disability Earnings, you once again qualify for Partial Disability benefits.*

As a reminder, the following terms and conditions of the Wachovia LTD Plan apply to Partial Disability:

The plan states that Partial Disability or Partially Disabled means as a result of the Injury or Sickness, the Participant is:

- (a) during the Elimination Period and the next 24 months, able to perform one or more but not all, of the material and substantial duties of his or her own or any other occupation on an Active Employment or a part-time basis; or*
- (b) after the period described in paragraph (a) above, able to perform all of the material and substantial duties of his or her own or any other occupation on a part time basis.*

To encourage Participants to return to work, a Participant who has satisfied the Elimination Period may be eligible to continue to receive a Disability Benefit while engaging in Active Employment in accordance with the provisions of this Section.

(a) For the purpose of this provision, the Participant may satisfy the Elimination Period if he or she is Disabled or Partially Disabled, or a combination of Disabled and Partially Disabled, during such time.

(b) A Disability Benefit will be paid for the period of Partial Disability if proof is provided upon request of the Plan Administrator or the Claims Administrator and at the Participant's expense of continued:

- (1) Partial Disability; and*
- (2) Regular attendance of a legally qualified Physician and compliance with the recommended course of treatment for the disabling condition*

(c) For the purpose of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is a Participant.

(d) If the Participant is eligible for benefits described in this Section, the Plan will pay Disability Benefits as follows:

(1) If, at any time while Disability Benefits are payable, the Participant's Monthly Earnings are less than 20% of his Pre-Disability Earnings, a Disability Benefit will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan.

(2) If, during the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than 80% of his or her Pre-Disability Earnings, a Disability Benefit will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan. If the Disability Benefit plus the Participant's Monthly Earnings would exceed 100% of the Participant's Pre-Disability Earnings, the Disability Benefit will be reduced so that the Disability Benefit plus the Participant's Monthly Earnings does not exceed 100% of the Participant's Pre-Disability Earnings.

(3) If, after the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his or her Pre-Disability Earnings, but less than 80% of his or her Pre-Disability Earnings, the Disability Benefit otherwise payable will be further reduced by 50% of the Participant's Monthly Earnings. All other benefit provisions and terms applicable to Disability will apply as stated in this Plan.

(4) If the Participant's Monthly Earnings are greater than or equal to 80% of his Pre-Disability Earnings, Disability Benefits will cease.

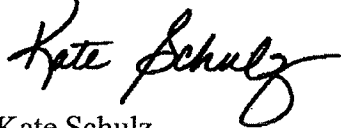
*Discontinuation of Long Term Disability Benefits
The Monthly Benefit will cease on the earliest of:*

- 1. the date the Participant is no longer Disabled; or*
- 2. the date the Participant dies; or*
- 3. the end of the Maximum Benefit Period; or*
- 4. the date the Participant's current earnings exceed 80% of his Pre-Disability Earnings.*

While continuing to meet all the terms and conditions of the disability contract, you will receive benefits under this "Partial Disability" provision.

When you return to work on a full time basis please contact this office immediately. Please call me if you have any questions about your partial disability benefits.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is fluid and cursive, with the first name "Kate" and last name "Schulz" clearly legible.

Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 291-0112 Ext. 369
Secure Fax No.: (888) 443-4212

EXHIBIT 18



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

December 7, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

This letter acknowledges receipt of the "Protected Health Information" statements you had delivered to us via DHL Express, with your cover letter suggesting we may be able to work with Wachovia regarding adjusting your benefit amount.

As we have informed you in prior communications, your benefits amount is based on the Benefits Eligible Compensation (BEC) as determined by Wachovia. While your file reflects that a Wachovia representative has addressed this matter with you previously, any ongoing concerns you have in this matter must be communicated in writing directly to Wachovia as follows:

Wachovia Corporation
Safety & Disability
Two Wachovia Center, T-4
301 South Tryon Street
Charlotte, NC 28288-0960

At your request, we will be happy to send the "Protected Health Information" statements back to you.

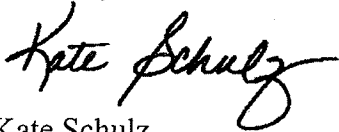
If you have any other questions concerning your Long Term Disability (LTD) claim, please contact this office.

In order to obtain complete information (test results, office notes, and assessment of capacity) from the above providers, we are in need of office address (street, city, state, zip code), telephone number and fax number for each provider listed above on the preceding page.

In addition, please complete the enclosed Authorization to Obtain and Release Information, Claimant Supplementary Statement and Social Security Consent for Release of Information and return them in the envelope provided as soon as possible, but **no later than January 8, 2007**. If all of the requested information is not received by this date, there may be an interruption in your LTD benefit. You will be notified in writing as to the outcome of our investigation.

Should you have any questions about this change in definition, please contact our office.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is written in a cursive style with a large, stylized "K" and "S".

Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

Forms Attached:
Authorization
Claimant Supplementary Statement
SSA Authorization

EXHIBIT 19



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

December 8, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

We are writing in regard to your claim for Long Term Disability (LTD) under the Wachovia Corporation Group LTD plan. At this time, you are receiving LTD benefits based on your inability to perform the duties of your own occupation as a Financial Advisor. However, the above plan contains a change in the definition of disability which states the following:

"Disability" or "Disabled" means:

- (a) *during the Elimination Period and the next 24 months, the Participant's inability to perform all of the material and substantial duties of his or her own occupation on an Active Employment basis because of an Injury or Sickness; and*
- (b) *after the period described in paragraph (a) above, the Participant's inability to perform all of the material and substantial duties of his or her own or any other occupation for which he or she is or becomes reasonably fitted by training, education, or experience because of an Injury or Sickness.*

To remain eligible for LTD benefits beyond the 24th month, you must be disabled from any occupation as stated above. As your LTD benefits began on February 01, 2005, the change in definition will occur on January 31, 2006.

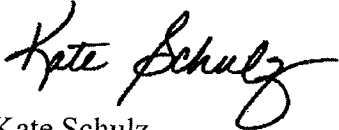
We are currently gathering information to assess your continued eligibility for LTD benefits beyond this date. On December 8, 2006, we requested updated medical information from Dr. Petruncio. Please follow up with this provider to ensure that this information is submitted **by January 8, 2006.**

In reviewing the Aetna Protected Health Information reports you provided to us, we also note all of the following doctors providing services since July 1, 2006:

Dr. Bruce D. Hopper
Dr. Thomas Morley
Dr. Raphael Dehoratuis

Questions regarding this request should be directed to Kate Schulz at 1-800-853-7108, extension 369.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is written in a cursive, flowing style.

Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 291-0112 Ext. 369
Secure Fax No.: (888) 443-4212

CC:
Robert Conrad

Forms Attached:
Assessment of Capacity



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 291-0112
Secure Fax No.: (888) 443-4212

December 8, 2006

Dr. George Petruncio, M D
188 Gries Mill Rd Ste E1
Tunersville, NJ 08012-0000

RE: Long Term Disability Benefits
Patient: Robert Conrad
DOB: February 26, 1955
Claim Number: 2021495

Dear Dr. Petruncio:

To evaluate Mr. Conrad's eligibility for continued disability benefits, we need the additional medical information indicated below. An authorization, signed by the patient, has been provided to your office.

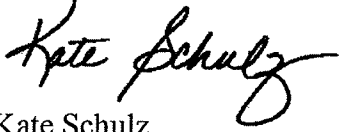
- Test Results from July 1, 2006 to present
(*Test results include, but are not limited to, lab reports, X-Ray reports, CT Scan, MRI, or any other Imaging Reports, EMG/NCV reports, etc.*)
- Office notes from July 1, 2006 to present
- Completion of the Attending Physician's Assessment of Capacity Form (based upon your most recent examination of this patient.)

We need medical information explaining why this patient continues to be unable to work. As a convenience to the patient, we are requesting this information on the patient's behalf. Failure to provide this information may result in denial of this patient's disability claim. Please fax the information back to Kate Schulz at 1-888-443-4212, or mail to the above address **by January 8, 2006**.

Although HIPAA does not apply to disability insurance carriers, we understand your responsibilities under HIPAA as a health care provider, and our associated responsibility of ensuring this information is protected against deliberate or inadvertent misuse or disclosure. As the insurance carrier providing employer sponsored disability coverage to your patient, we have provided your office with a HIPAA compliant authorization signed by your patient allowing the release of information to our company. This authorization specifically allows you to release medical information to us and is valid for two years from the date of the patient's signature.

Any costs associated with providing this information are the direct responsibility of the patient. Please work with your patient to resolve any such costs. Bills/invoices sent to Liberty Mutual for such costs will be forwarded to the patient.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is written in a cursive, flowing style.

Kate Schulz

Sr. Disability Case Manager

Phone No.: (800) 853-7108 Ext. 369

Secure Fax No.: (888) 443-4212

EXHIBIT 20



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

December 17, 2006

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

This letter acknowledges the written material you submitted regarding Intermittent Chronic Disability.

You have been receiving Long Term Disability (LTD) benefits since February 1, 2005. The Wachovia Group LTD Plan does not provide Intermittent Chronic Disability benefits.

If you have any other questions about your claim, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is fluid and cursive.

Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

EXHIBIT 21

Robert S. Conrad

44 Longwood Drive
Sicklerville, NJ 08081

856-875-1739
856-875-6287

Rconrad44@comcast.net

FAX TRANSMITTAL FORM

To: Liberty Claims
Attn: Kate Schultz

From: Robert S. Conrad
Date Sent: 01/06/07

Fax: 888-443-4212

Number of Pages: 3

Message:

Kate,

Copy of 12/15/06 pay statement.
Copy of time sheet

Bob

Claim # 2021495

C.L.-40

Wachovia Non-Exempt Time Sheet

EMPLOYEE NAME (please print)		S.S. # (optional)		WORK PHONE #		DEPARTMENT		RC#		SUPERVISOR NAME		PAY PERIOD	
2008-02-01		1		800-866-8808		Cherney Hill / Retel				Stan Haden		12-01-12/31/06	
Case indicate weekly scheduled hours: <input type="checkbox"/> 5 days/8 hours per day <input type="checkbox"/> Other, please specify: 12-01													
DATE	TIME IN	LUNCH		TIME OUT	REGULAR TIME	ADDITIONAL REG. TIME	OVERTIME	DOUBLE TIME	PTO	OTHER	REASON		
		OUT	IN										
2-1-06	9:05			1:00	3:55								
2-4	8:45			1:00	4:15								
2-6	8:35			1:00	4:25								
2-8	8:40			1:30	4:50								
2-11	8:40			10:40	2:00								
2-13	8:40			1:10	4:30								
2-15	8:45			12:30	3:45								
2-19	8:30			12:30	4:00								
2-21	8:30			12:30	4:00								
2-22	9:05			1:00	3:55								
2-27	9:20			2:00	4:40								
2-28	8:45			12:55	4:10								
2-29	10:30			1:00	2:30								
TOTALS:					48:55								
RECORD YOUR EXACT TIME IN AND OUT													
* Other: Bereavement, Education, Volunteer, Family Care Time, Holiday, Jury Duty, Military, Other													
BECAUSE OF THE REQUIREMENT OF FEDERAL & STATE LAWS, IT IS IMPERATIVE THAT THIS RECORD BE FILLED IN COMPLETELY AND ACCURATELY. UNDER NO CIRCUMSTANCES MUST TIME WORKED BE UNRECORDED.												I HEREBY CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF TIME WORKED DURING THIS PERIOD.	
EMPLOYEE SIGNATURE										SUPERVISOR SIGNATURE			



WACHOVIA

* The YTD balances include adjustments and are as of the end of the month.
 ** Denotes eligible functional BEC earnings

PayGroup:	CMC Semimonthly Pay Group	Advice#:	0020337
Pay Begin Date:	01/01/2007	Advice Date:	01/12/2007
Pay End Date:	01/15/2007		

Robert Conrad
 44 Longwood Drive
 Sicklerville, NJ 08081

SSN: XXX-XX-1807

HR Emplid: 630720
Department: Cherry Hill
CO/RC: CMC 0840175
Pay Rate: \$0.00 Annual

TAX DATA:	<u>Federal</u>	<u>NJ State</u>
Marital Status:	Married	M-Joint
Allowances:	10	10
Addl Pct:	0.0	0.0
Addl Amt:	\$0.00	\$0.00

HOURS AND EARNINGS

Description	Current		YTD *	
	Rate	Hours	Earnings	Earnings
FA Draw (092*)**			\$1,972.00	\$1,972.00
Commission A/Rate (UL1*)**			\$500.25	\$500.25
Total		0.00	\$2,472.25	\$2,472.25

TAXES

	Current	YTD *
Fed Withholding	\$22.20	\$22.20
Fed FICA - MHI	\$35.85	\$35.85
Fed OASDI/Dis	\$153.28	\$153.28
NJ Unempl EE	\$9.46	\$9.46
NJ NJ HCSF	\$0.00	\$0.00
NJ NJ WFDP	\$0.62	\$0.62
NJ NJ SWAF	\$0.43	\$0.43
NJ Withholding	\$26.94	\$26.94
NJ MMLIPAF-EE Withholding	\$3.00	\$3.00
Total	\$251.78	\$251.78

BEFORE-TAX DEDUCTIONS

AFTER-TAX DEDUCTIONS

Description	Current	YTD *	Description	Current	YTD *
Total:	\$0.00	\$0.00	Total:	\$0.00	\$0.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	\$2,472.25	\$2,472.25	\$251.78	\$0.00	\$2,220.47
YTD:	\$2,472.25	\$2,472.25	\$251.78	\$0.00	\$2,220.47

NET PAY DISTRIBUTION

Checking	Account ending in 1848	\$2,220.47
Total		\$2,220.47

EXHIBIT 22

Robert S. Conrad

44 Longwood Drive
Sicklerville, NJ 08081

856-875-1739
856-875-6287

Rconrad44@comcast.net

FAX TRANSMITTAL FORM

To: Liberty Claims
Attn: Kate Schultz

From: Robert S. Conrad
Date Sent: 01/06/07

Fax: 888-443-4212

Number of Pages: 2

Message:

Kate,

I don't understand that you would wait until the last day to call and tell me you are going to have to stop my benefits because I did not comply with your request in Dec. I interpreted your letter in Dec as though you had sent a request for information to my attending physicians, which you do have a list of their addresses.

Should the Plan Administrator care?

Bob

Claim # 2021495

Robert S. Conrad

Claim Number 2021495

Medical Providers List

Primary Doctor Dr. George Petrunzio, MD I see him at least monthly.

Fries Mill Pavilion
188 Fries Mill Road Suite E-1
Turnersville, NJ 08012
Phone 856-875-7700
Fax 856-262-0428

Pulmonary and Critical Care Dr. Thomas Morley DO I see him annually
445 Hurfville-Crosskeys Rd. Suite A-11
Sewell, NJ 08080
Phone: 856-589-6728
Fax:

Dr. George Sanders I see him monthly.
1930 E. Marlton Pike Suite C-15
Cherry Hill, NJ 08003
Phone: 856-424-6312
Fax: 856-424-7833

Rheumatology Oscar Irigoyen MD I saw him once in December.
He replaced Dr. Horiatus who retire
Thomas Jefferson University
University Doctors
211 South 9th Street
Walnut Towers Suite 600
Philadelphia, Pa 19107
Phone: 215-955-8430
Fax: 215-923-5828

Dynamic Chiropractic Dr. Jason Ceruti I see Ceruti twice a week now.
In 2006 I saw him 2-3 times a week
817 Erial-New Brooklyn Rd
Sickerville, NJ 08081
Phone: 856-.782-2077
Fax: 856-782-2078
Email www.drjason.net

George J. Petrunzio, MD
188 Fries Mill Rd., Ste. E-1
Turnersville NJ 08012
Phone (856) 875-7700
Fax (856) 262-0428

George M. Sanders PHD
Executive Mews Suite C-15
1930 Marlton Pike E
Cherry Hill, NJ 08003
Phone (856) 424-6312
Fax (856) 424-7833

Dr. Thomas F. Morley D.O.
Kennedy Health Systems
42 E. Laurel Road
Stratford, NJ 08084
Phone 856-566-6859
Fax 856-566-6952

Dr. Raphael Dehoratuis - Retired
Oscar Irigoyen, MD
University Doctors
211 South 9th Street
Walnut Towers Suite 600
Philadelphia, PA 19107
Phone 215-955-8430
Fax 215-923-5828

Dr. Jeffrey Abrams
Woodbury Medical Center
17 W. Red Bank Ave., Ste. 302
Woodbury, NJ 08096
Phone 856-848-4464
Fax 856-848-8706

Dr. Bruce D. Hopper, Jr.
Rothman Institute of NJ P.A.
443 Laurel Oak Rd.
Voorhees, NJ 08043
Phone 856-821-6360
Fax 856-

Raytel Labs
Medical Imaging
900 Route 168, Suite G
Turnersville, NJ 08012-3250
Phone 856-232-3250
Fax: 856-232-3834

Jefferson Methodist Heart Center
South Broad Street
Philadelphia, PA 19106
Phone 215-755-5449
Fax 215-755-0010

Dr. DePace
188 Fries Mill Rd STE N-2
Turnersville, NJ 08012
Phone 856-728-8488

Amy Evangelisto, MD
Division of Rheumatology
Cooper Health System
1103 N. Kings Highway, Ste. 202
Cherry Hill, NJ 08034
Phone 856-968-7019
Fax 856-482-5621

Dr. Emil P. Sfedu, MD.
Diplomat Internal Medicine
716 North 24th Street
Philadelphia, PA. 19130
Phone 215-235-3000
Fax 215-765-2550

Dr. Pravin B. Vasoya, M.D
438 Ganttown Rd., Suite B-1
Sewell, NJ 08080
Phone 856-256-2600
Fax 856-256-2516

EXHIBIT 23



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

January 10, 2007

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

We are contacting you with important information regarding your claim for benefits, submitted under Wachovia Corporation's Disability Plan, and administered by Liberty Life Assurance Company of Boston. Benefits through Wachovia Corporation have been suspended effective January 10, 2007.

Please refer to our prior letter dated December 8, 2006 which advised you benefits would be interrupted if we did not receive all requested information, as described in that letter, by January 8, 2007. This documentation was necessary to assess your continued eligibility for benefits. Since, we did not receive all requested information by the January 8, 2007 due date, your benefits are suspended.

On January 9, 2007, we did receive the Medical Providers List you faxed on January 9, 2007. However, we have not receive from you the forms we asked you to complete and return. These forms were the Authorization to Obtain and Release Information, Claimant Supplementary Statement, and Social Security Consent for Release of Information. In the event you have misplaced the set of forms we sent to you on December 8, 2006, we are including another set at this time to give you one additional opportunity to complete and return these forms by end of business day on February 8, 2007.

We also have not received the information we requested from Dr. Petruncio on December 8, 2006 as well. A copy of that request was mailed to you along with our letter to you dated December 8, 2006. We received a call from Barbara at Dr. Petruncio's office on the afternoon of January 9, 2007 stating that they had not received our original request. At 17:39 on January 9, 2007 we re-faxed the original request to Dr. Petruncio, attention Barbara, along with the report showing prior successful fax transmission to his office on December 8, 2006. Please encourage your physician to submit the information we previously requested as we will not be contacting Dr. Petruncio with any additional requests.

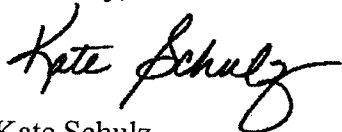
Although benefit payments will not be issued during the current period of suspension, your file will remain open until February 9, 2007. If all previously requested information is not

received in our office by end of business day on February 8, 2007, your claim will be closed effective retroactive to the January 10, 2007 date of suspension.

Additionally, since we have now received your list of medical providers, we are making requests to Dr. Jason Ceruti - Dynamic Chiropractic, Dr. George Sanders, Dr. Thomas Morley, and Thomas Jefferson University (Dr. Oscar Irigoyen/Dr. Horiatus) at this time. If you, and also Dr. Petruncio, provide the previously requested information by end of business day on February 8, 2007, then we will proceed with further administration of your claim. In such case, **all** requested information would be due from Dr. Ceruti, Dr. Morley, Dr. Sanders, **and** Thomas Jefferson University (Dr. Oscar Irigoyen/Dr. Horiatus) by no later than February 8, 2007, or further suspension would occur effective February 9, 2007.

If you have further questions concerning your Long Term Disability claim, please contact this office.

Sincerely,



Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

Forms Attached:

Authorization

Claimant Supplementary Statement

SSA Authorization

EXHIBIT 24

Robert S. Conrad

44 Longwood Drive
Sicklerville, NJ 08081

856-875-1739
856-875-6287

Rconrad44@comcast.net

FAX TRANSMITTAL FORM

To: Liberty Claims
Attn: Kate Schultz

From: Robert S. Conrad
Date Sent: 01/11/07

Fax: 888-443-4212

Number of Pages: 8

Message:

Kate,

I have included here a copy of my health history for calender year 2006. If you need additional information on any of my providers PLEASE give me a call and I will do my utmost to get the information you request.

Robert Conrad

Claim # 2021495

Robert S. Conrad**Claim Number****2021495****Medical Providers List**

Primary Doctor

Dr. George Petrunzio, MD
 Fries Mill Pavilion
 188 Fries Mill Road Suite E-1
 Turnersville, NJ 08012
 Phone 856-875-7700
 Fax 856-262-0428

I see him at least monthly.

Pulmonary and
Critical Care

Dr. Thomas Morley DO
 445 Hurfville-Crosskeys Rd. Suite A-11
 Sewell, NJ 08080
 Phone: 856-589-6728
 Fax:

I see him annually

Dr. George Sanders
 1930 E. Marlton Pike Suite C-15
 Cherry Hill, NJ 08003
 Phone: 856-424-6312
 Fax: 856-424-7833

I see him monthly.

Rheumatology

Oscar Irigoyen MD
 Thomas Jefferson University
 University Doctors
 211 South 9th Street
 Walnut Towers Suite 600
 Philadelphia, Pa 19107
 Phone: 215-955-8430
 Fax: 215-923-5828

I saw him once in December.
 He replaced Dr. Horiatus who retired.

Dynamic Chiropractic

Dr. Jason Ceruti
 817 Erial-New Brooklyn Rd
 Sickerville, NJ 08081
 Phone: 856-782-2077
 Fax: 856-782-2078
 Email www.drjason.net

I see Ceruti twice a week now.
 In 2006 I saw him 2-3 times a week.

Internal Med

Dr. Jeffrey Abrams
 Woodbury Medical Center
 17 W. Red Bank Rd Ste 302
 Woodbury, NJ 08096
 Phone 856-848-4464
 Fax 856-848-8706

Colonostomy December 20,2006

Sports Medicine

Dr. Bruce D. Hopper, Jr.
 Rothman Institute of NJ
 443 Laurel Oak Rd
 Voorhees, NJ 08043
 Phone 856-821-6360

In operable cyst behind left knee
 August 2006

Additional Resources

Raytel Labs
Medical Imaging
900 Route 168, Suite G
Turnersville, NJ 08012-3250
Phone 856-232-3250
Fax: 856-232-3834

Jefferson Methodist Heart Center
South Broad Street
Philadelphia, PA 19106
Phone 215-755-5449
Fax 215-755-0010

Dr. DePace
188 Fries Mill Rd STE N-2
Turnersville, NJ 08012
Phone 856-728-8488

Amy Evangelisto, MD
Division of Rheumatology
Cooper Health System
1103 N. Kings Highway, Ste. 202
Cherry Hill, NJ 08034
Phone 856-968-7019
Fax 856-482-5621

Dr. Emil P. Sfedu, MD.
Diplomat Internal Medicine
716 North 24th Street
Philadelphia, PA. 19130
Phone 215-235-3000
Fax 215-765-2550

Dr. Pravin B. Vasoya, M.D
438 Ganttown Rd., Suite B-1
Sewell, NJ 08080
Phone 856-256-2600
Fax 856-256-2516

EXHIBIT 25



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

February 15, 2007

Robert Conrad
44 Longwood Drive
Sicklerville, NJ 08081-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Mr. Conrad:

This letter is in regard to your claim for Long Term Disability (LTD) benefits under the Wachovia Corporation Group LTD Plan. Continued benefit payment under this Plan is subject to updated medical documentation. According to the terms of the Plan,

"Disability" or "Disabled" means:

- (a) during the Elimination period and the next 24 month, the Participant's inability to perform all of the material and substantial duties of his or her own occupation on an Active Employment basis because of an Injury or Sickness; and*
- (b) after the period described in paragraph (a) above, the Participant's inability to perform all of the material and substantial duties of his or her own or any other occupation for which he or she is or becomes reasonably fitted by training, education, or experience because of an Injury or Sickness.*

Under the Plan, the condition will be evaluated relative to the employee's inability to perform the material and substantial duties of his or her occupation because of a non-work related Injury or Sickness. The Plan states "Proof" is required to evaluate disability on an ongoing basis:

"Proof" means:

- (1) Proof of claim must be given to the Plan Administrator, or the Claims Administrator acting as agent of the Plan Administrator, no later than 60 calendar days after the end of the Elimination Period. For this purpose, "proof" means (a) the evidence in support of a claim for benefits in a form or format satisfactory to the Claims Administrator, (b) an attending Physician's statement in a form or format satisfactory to the Claims Administrator, completed and verified by the Participant's attending Physician, and (c) provision by the attending Physician of standard diagnosis, chart notes, lab findings, test results, x-rays and/or other forms of objective medical evidence that may be required by the Claims Administrator in support of a claim for benefits. Notwithstanding the foregoing, the Plan Administrator, or the*

Claims Administrator acting as agent of the Plan Administrator, may also consider other evidence of a claimed Disability, including, but not limited to evidence discovered or otherwise developed by the Plan Administrator or the Claims Administrator.

(2) Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required, and the Claims Administrator is able to certify the period of Disability.

(3) Proof of continued Disability and regular attendance of a Physician must be given to the Plan Administrator, or the Claims Administrator acting as agent of the Plan Administrator, within 60 calendar days of the request for the proof.

On December 8, 2006, we requested medical documentation from your physician, George J. Petruncio, M.D., in order to evaluate whether or not you continue to meet the definition of disability. We did not receive a response to our request by the deadline of January 8, 2007 and your benefits were suspended. We advised you by letter on January 10, 2007, your benefits were suspended and your claim would remain open through February 8, 2007; however, if the requested medical information was not received by end of the business day on February 8, 2007 your claim would be closed effective retroactive to the January 10, 2007 date of suspension. To date we have not received any test results and office notes from Dr. Petruncio, as requested.

Since we did not receive the necessary proof to verify ongoing disability, no further benefits will be paid and your file is closed effective January 10, 2007.

• The Wachovia Group Long Term Disability (LTD) Plan also states that “*Partial Disability or Partially Disabled means as a result of the Injury or Sickness, the Participant is:*

- (a) during the Elimination Period and the next 24 months, able to perform one or more but not all, of the material and substantial duties of his or her own or any other occupation on an Active Employment or a part-time basis; or*
- (b) after the period described in paragraph (a) above, able to perform all of the material and substantial duties of his or her own or any other occupation on a part time basis.*

To encourage Participants to return to work, a Participant who has satisfied the Elimination Period may be eligible to continue to receive a Disability Benefit while engaging in Active Employment in accordance with the provisions of this Section.

(a) For the purpose of this provision, the Participant may satisfy the Elimination Period if he or she is Disabled or Partially Disabled, or a combination of Disabled and Partially Disabled, during such time.

(b) A Disability Benefit will be paid for the period of Partial Disability if proof is provided upon request of the Plan Administrator or the Claims Administrator and at the Participant's expense of continued:

- (1) Partial Disability; and*
- (2) Regular attendance of a legally qualified Physician and compliance with the recommended course of treatment for the disabling condition*
- (c) For the purpose of determining Partial Disability, the Injury or Sickness must occur and Partial Disability must begin while the Employee is a Participant.*
- (d) If the Participant is eligible for benefits described in this Section, the Plan will pay Disability Benefits as follows:*
 - (1) If, at any time while Disability Benefits are payable, the Participant's Monthly Earnings are less than 20% of his Pre-Disability Earnings, a Disability Benefit will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan.*
 - (2) If, during the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his Pre-Disability Earnings, but less than 80% of his or her Pre-Disability Earnings, a Disability Benefit will continue to be paid, and all other benefit provisions and terms applicable to Disability will apply as stated in this Plan. If the Disability Benefit plus the Participant's Monthly Earnings would exceed 100% of the Participant's Pre-Disability Earnings, the Disability Benefit will be reduced so that the Disability Benefit plus the Participant's Monthly Earnings does not exceed 100% of the Participant's Pre-Disability Earnings.*
 - (3) If, after the first 12 months of a Participant's return to employment of any kind, the Participant's Monthly Earnings are greater than or equal to 20% of his or her Pre-Disability Earnings, but less than 80% of his or her Pre-Disability Earnings, the Disability Benefit otherwise payable will be further reduced by 50% of the Participant's Monthly Earnings. All other benefit provisions and terms applicable to Disability will apply as stated in this Plan.*
 - (4) If the Participant's Monthly Earnings are greater than or equal to 80% of his Pre-Disability Earnings, Disability Benefits will cease."*

As stated in item (4) above, disability benefits cease when the Participant's Monthly Earnings are greater than or equal to 80% of Pre-Disability Earnings. In reviewing your pay stubs for the period January 1, 2007 through January 31, 2007, your gross earnings for that month totaled \$5,635.57. Eighty percent of your pre-disability earnings is \$4,262.13. Since your earnings for January 2007 exceeded 80% of your Pre-Disability Earnings, no benefits are due for January 2007.

This claim determination reflects an evaluation of the claim facts and Plan provisions. We reserve the right to make a determination on any additional information that may be submitted.

Under the Employee Retirement Income Security Act of 1974 (ERISA), you may request a review of this denial by writing to:

The Liberty Life Assurance Company of Boston
Attn: Kate Schulz
Disability Claims

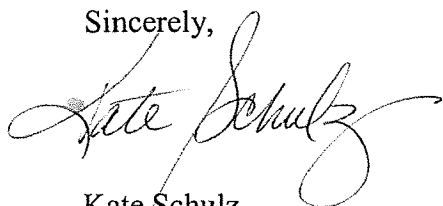
P.O. Box 242484
Charlotte, NC 28224-9904

The written request for review must be sent within 180 days of the receipt of this letter and state the reasons why you feel your claim should not have been denied. In your request for review, include documentation such as test results (which include, but are not limited to, lab results, x-ray reports, imaging/scan results, electrodiagnostic study results, and results of any other form of testing), consultation reports, office notes, hospital records, pharmacy records, physical therapy or rehabilitation evaluation and progress notes, and any other information which you feel will support your claim. You may request to review pertinent claim file documents upon which the denial of benefits was based. If Liberty Life does not receive your written request for review within 180 days of your receipt of this notice, our claim decision will be final, your file will remain closed, and no further review of your claim will be conducted. Under normal circumstances, you will be notified of the final decision within 45 days of the date that your request is received. If there are special circumstances requiring delay, you will be notified of the final decision no later than 90 days after your request for review is received.

Nothing in this letter should be construed as a waiver of any Wachovia Corporation rights and defenses under the above captioned Plan, and all of these rights and defenses are reserved to the Plan Sponsor, whether or not they are specifically mentioned herein.

If you have any questions about this determination please call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Schulz", with a stylized flourish at the end.

Kate Schulz
Sr. Disability Case Manager
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

EXHIBIT 26

Robert S. Conrad

44 Longwood Drive
Sicklerville, NJ 08081

856-875-1739
856-875-6287

Rconrad44@comcast.net

FAX TRANSMITTAL FORM

To: Liberty Claims
Attn: Kate Schultz

From: Robert S. Conrad
Date Sent: 02/20/07

Fax: 888-443-4212

Number of Pages: 22

Message:

Kate,

Robert Conrad

Claim # 2021495

Liberty Mutual
Disability Claims
PO Box 242484
Charlotte, NC 28224-9904

Robert S. Conrad, Sr.
44 Longwood Drive
Sicklerville, NJ 08081

Attn: Kate Schultz
Claim #: 2021495
Letter dated Feb. 15, 2007
Received Feb. 20, 2007

Dear Ms. Schultz,

I have copies of Dr. Petrunzio's patient file from July 05, 2006 thru Feb. 16, 2007. They include lab results as well as letters from Dr's. Thomas F. Morley, Jeffrey A. Abrams and Gus J. Slotman, whom I considered for gastric bypass surgery.

I assure you that I still suffer from Chronic Sleep Apnea, Chronic Fatigue and Fibromyalgia, I have been losing weight which is the only condition I can control at this point. You will notice from Dr. Petrunzio's notes I have also been implementing aqua therapy in an effort to relieve the pain. I recently had Dr. Hopper withdraw 52 cc of fluid from my left knee, which will probably be required every three months or so.

My daughter Lisa had surgery to her ankle recently and the reason I tell you this is, if you retroactively terminate my disability I may start to receive bills for her hospitalization.

I regret that you could not have updated me on the missing information before the expiration of the extension. It is a busy time for doctors with the flu and all. I was not made aware of his oversight until you phoned me on Feb. 15, 2007

Lastly, I would like to appeal the figures you refer to in paragraph eight of page three of your letter. As you know I have contested this calculation since 2004 and I do not feel that I have been treated fairly in light of my diagnosis.

I am urgently anticipating your response.

Sincerely,



Robert S. Conrad, Sr.

PATIENT NAME

Bob Conrad

BIRTHDATE

PAGE

S.O.A.P. PROGRESS NOTES

PROB.
NO.

DATE

T

P

R

Age

51

Wt.

304

BP

130/78

B.M.

2/16/07

97.8

76

16

needs refills) Adderall XR
results of lab.

Medo:

Avandia 4mg.

3000 80mg. H.S.

Adderall XR 20mg. BID.

Tenormin 100mg. i daily.

Allopurinol 100mg.

Rexapro 30mg.

HCTZ 50mg.

Chol 169

H/S 113

Lans

PSP 12

H/S 116

H/S 116

Adderall XR

H/S 116

H/S 116

H/S 116

H/S 116

Return ___ prn ___ days ___ wks

PATIENT NAME

BIRTHDATE

PAGE

PROB.
NO.

DATE

S.O.A.P. PROGRESS NOTES

T

P

R

Age

Wt.

BP

Sept 03

Jm 215.

Jm Hysner

cc

Any more by me

Robert Conrad has been my
 patient since Jim Hysner. Mr. Conrad
 expressed the onset of symptoms of Depression.
 Subject Males prior to Sept 03. He was
 healthy, enthusiastic and quite successful in
 his position as a Stock Broker since the
 onset of symptoms. He has experienced, ^{sporadic} ~~diaphan~~
 of energy, ^{sleep} ~~depression~~, ^{anxiety} ~~anxiety~~, etc.

His attempts to return to work only aggravated
 his condition, with the result of total disability.
 He has undergone multiple therapy and the
 Benz say by multiple specialists
 who the staff Benz inconclusive
 and 6 Specialist Benz Dignity Benz

Return ___ prn ___ days ___ wks

PATIENT NAME

BIRTHDATE

PAGE

PROB.
NO.

DATE

S.O.A.P. PROGRESS NOTES

T

P

R

Age

Wt.

BP

Subbing for, Depressing diaphragm of unburn
 et al. The Poyman code that
 Mr. Conant was listed By Peter Poyman
 was miscode. This is Neutrogena Poyman
 going to be discolored not Neutrogena Poyman

about with purpura and pustules on
 Since this Poyman was made in
 my contact with Peter Poyman to
 be a code. This must be correct
 I marked.

Mr. Conant still continues with
 symptoms despite his history to point down
 was he Mr. Conant continues to see
 purpura still present in chest
 and skin. Was a therapeutic spu
 tum also which improves his ability
 to control his job.

Return ___ prn ___ days ___ wks

PATIENT NAME

Robert Conrad Sr.

BIRTHDATE

PAGE

PROB.
NO.

DATE

Subjective

Objective

Assessment

Plans

S.O.A.P. PROGRESS NOTES

1/29/06

T

P

R

Age: 51

Wt.: 302

BP: 180/72

DBP

97.8

76

16

due for Adderall XR
RefillNeeds the letter! Has
been waiting 3 mos.

Meds:

Avandia 4mg.

Zovon 80mg HS.

Adderall XR 20mg. BID.

Tenormin 100mg $\dot{+}$ daily

Allopurinol 100mg.

Dexapro 20mg.

HCTZ 50mg.

Return ___ prn ___ days ___ wks

Patient Label Here <i>Cynthia B...</i>	DATE OF SERVICE <i>12/18/06</i>	
	Chart # _____	

AGE <i>51</i>	TEMP <i>98.6</i>	HT.	WT. <i>299</i>	BP <i>120/72</i>	PULSE <i>76</i>	RESP <i>16</i>
RBS	LMP	PAP/PSA	MAMMO	STOOL OB	HGA 1C	URINE PROTEIN

SUBJECTIVE:

CC:

51 YG w/w
1 m H
Chung for

Onset: _____ Duration: _____ Modifying Factors: _____

OBJECTIVE:

General Appearance: No acute distress ☐ Ill appearing ☐ Disheveled ☐ Anxious ☐Well nourished ☐ Obese ☒ Cachectic ☐ Lethargic ☐Eyes: conjunctivae & lids: *OK* / AB pupils & irises: *OK* / ABENT: ears & nose (external): *OK* / ABotoscope: *OK* / AB pharynx: *OK* / ABNeck: neck: *OK* / AB thyroid: *OK* / ABResp: effort: *OK* / AB percussion: *OK* / ABauscultation: *OK* / AB palpation: *OK* / ABCV: auscultation: *OK* / ABcarotid arteries: *OK* / AB abdominal aorta: *OK* / ABextremities: varicosities: *OK* / AB edema: *OK* / ABBreasts: inspection: *OK* / AB palpation: *OK* / ABGI: abdomen: *OK* / ABliver & spleen: *OK* / AB hernia: *OK* / ABMS: gait: *OK* / AB nails: *OK* / clubbing / cyanosis / otherjoints, bones, & muscles: palpation: *OK* / misalignment / asymmetry / crepitation / defects / tenderness / masses / effROM: *OK* / AB stability: *OK* / AB strength & tone: *OK* / ABSkin: skin: *OK* / rashes / lesions / ulcers / otherNeuro: CN: *OK* / AB DTR: *OK* / AB sensation: *OK* / ABGU: Male: scrotum: *OK* / AB rectal: *OK* / ABFemale: external genitalia: *OK* / AB cervix: *OK* / AButerus: *OK* / AB adnexa: *OK* / ABLymphatic: neck: *OK* / AB axilla: *OK* / AB groin: *OK* / ABPsych: judgement & insight: *OK* / ABmental status: A & O x3: *yes* / no memory: *OK* / ABmood: *OK* / depression / anxiety / agitation / other

ASSESSMENT:

*OK Chung for 200**OK HPA**OK 3000**OK 3000**OK 3000**OK 3000**OK 3000**OK 3000**OK 3000*

PATIENT NAME ROBERT CONRIS

BIRTHDATE

PAGE

PROB.
NO.

DATE

Subjective

Objective

Assessment

Plans

S.O.A.P. PROGRESS NOTES

12/18/06

T

P

R

Age: 51

Wt: 294

BP: 120/72 mm.

98.6 76 16. Conduction

BP ✓ - discuss meds.

Meds new Rheumatology.

Meds:

Avandia 4mg. ✓

Zocor 80mg HS (Simvastatin)

Adderall XR 20mg. BID.

Tenormin 100mg. $\dot{\bar{r}}$ dailyHCTZ 50mg $\dot{\bar{r}}$ daily ✓

Allopurinol 100mg

Lexapro 20mg. BID.

I.M.

Pain

chyl. f. f.

HTN

Hypertension

Asth

Lung

G.I.

12/12

Lungs

wt 20

Saw

Lungs

Lungs

Lungs

Lungs

Lungs

P5895
1/2/10

N.A. 2

Lungs

A1 Sideraz

A2 HTN

Lungs

A3 ANH

A4 Gout

A5 ANH

Lungs

Return ___ prn ___ days ___ wks

PATIENT NAME Robert Conrad

BIRTHDATE

PAGE

PROB.
NO.

DATE

Subjective

Objective

Assessment

Plans

S.O.A.P. PROGRESS NOTES

11/1/06

T

P

R

Age: 51

Wt: 309

BP: 122/85 Bm.

97.8

76

16

due for Adderall XR
refill (33)

Continued body aches/pain

Meds:

Aardva 4mg

3000 80mg HS (Simvastatin)

Adderall XR 20mg BID

Tenormin 100mg t daily

HCTZ 50mg t daily

Allopurinol 100mg

Flexpro 20mg BID

L on 12/1/06

L
✓
m in

u 1/1/07

4

u 1/1/07

u 1/1/07

11

p 1/1/07

Return ___ prn ___ days ___ wks

PATIENT NAME ROBERT CONRAD

BIRTHDATE

PAGE

S.O.A.P. PROGRESS NOTES

PROB.
NO.

DATE

Subjective

Objective

Assessment

Plans

8/14/06

T

P

R

Age: 51

Wt.: 341

BP: 130/82 mm.

97%

62

16.

follow up visit

(due for refills)

90 days for mail.

Continued joint pain.

Meds:

Would like generic 30/90 days 30x20 80mg. HS.

- Adderall 20mg. BID.

- Tenumin 100mg. $\dot{+}$ daily✓ - HCTZ 50mg. $\dot{+}$ daily

- Allopurinol 100mg.

- Rexapro 20mg. BID.

Voltaren 50mg. - Stopped.

c 13482 1475 M2 114

ly 15/15/15

ly 2/2

htw

jnt

c 11500

11/11

12/12/12 1/4

4/1/11 H2O

11 2-3 5-5

n 1/1

1, 1/1

1/4 1/1 1/1

1/1 1/1 1/1

1/1 1/1

Return prn days wks

PATIENT NAME ROBERT CONTRAS

BIRTHDATE

PAGE

PROB.
NO.

DATE

Subjective

Objective

Assessment

Plans

S.O.A.P. PROGRESS NOTES

2/5/06

T

P

R

Age: 51

Wt: 345

BP: 140/72

97.8 60 12. due for refills

Medo:

Avarandia 4mg.

Zocor 80mg. HS.

(?) - Aderall XR 10mg. BID ↑ 20mg B.

Troxomin 100mg.

HCTZ 50mg. i daily

- Allopurinol 100mg. ✓

- Hexapo 20mg. BID. ✓

Voltaren 50mg.

c. w.

w/ gals

L. w.

w. Cont

a/h

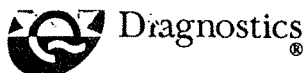
r. BPN

Adder 2g

L. BPN

L. w/

Return ___ prn ___ days ___ wks



QUEST DIAGNOSTICS INCORPORATED
 TIENT SERVICE 800.825.7330

PATIENT INFORMATION
CONRAD, ROBERT

DOB: 02/26/1955 AGE: 51
 GENDER: M

SPECIMEN INFORMATION

SPECIMEN: NE521138H
 REQUISITION: 0005203
 LAB REF: TUV

COLLECTED: 01/30/2007 09:12 ET
 RECEIVED: 01/30/2007 16:44 ET
 REPORTED: 01/31/2007 14:32 ET

REPORT STATUS **FINAL**

ORDERING PHYSICIAN
PETRUNCIO, GEORGE J

CLIENT INFORMATION
 N08080044 ML08
 GEORGE PETRUNCIO, MD
 188 FRIES MILL RD STE E1
 TURNERSVILLE, NJ 08012-2015

COMMENTS: FASTING

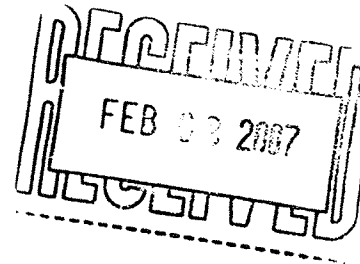
Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				

TRIGLYCERIDES	164	H	<150 mg/dL	QHO
CHOLESTEROL, TOTAL	169		<200 mg/dL	QHO
HDL CHOLESTEROL	42		> OR = 40 mg/dL	QHO
LDL-CHOLESTEROL	94		<130 mg/dL (calc)	QHO

DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR
 DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH
 KNOWN HEART DISEASE.

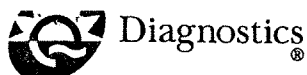
CHOL/HDLRATIO	4.0		<5.0 (calc)	QHO
PLEASE NOTE:				QHO

WE RECEIVED YOUR HANDWRITTEN TEST ORDER AND
 PERFORMED THE AMA DEFINED LIPID PANEL. IF
 THIS IS NOT WHAT YOU INTENDED TO ORDER, PLEASE
 CONTACT YOUR LOCAL CLIENT SERVICE REPRESENTATIVE
 IMMEDIATELY SO THAT WE MAY ADJUST OUR BILLING
 APPROPRIATELY. YOU MAY ALSO INQUIRE ABOUT
 ALTERNATIVE OR ADDITIONAL TESTING.



COMPREHENSIVE METABOLIC
 PANEL W/EGFR

GLUCOSE	103	H	65-99 mg/dL	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	0.9		0.5-1.4 mg/dL	
GFR ESTIMATED	>60		> OR = 60 mL/min/1.73m2	
IF THE PATIENT IS AFRICAN-AMERICAN, PLEASE MULTIPLY THIS RESULT BY 1.21. THIS RESULT HAS BEEN CALCULATED ASSUMING THE PATIENT IS NON-AFRICAN AMERICAN.				
BUN/CREATININE RATIO	22		6-25 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	

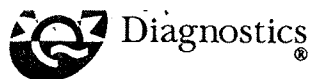


QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
CONRAD, ROBERTREPORT STATUS **FINAL**COLLECTED: 01/30/2007 09:12 ET
REPORTED: 01/31/2007 14:32 ETDOB: 02/26/1955 AGE: 51
GENDER: MORDERING PHYSICIAN
PETRUNCIO, GEORGE J

Test Name	In Range	Out of Range	Reference Range	Lab
CHLORIDE	100		98-110 mmol/L	
CARBON DIOXIDE	28		21-33 mmol/L	
CALCIUM	9.6		8.5-10.4 mg/dL	
PROTEIN, TOTAL	7.1		6.0-8.3 g/dL	
ALBUMIN	4.9		3.5-4.9 g/dL	
GLOBULIN	2.2		2.2-4.2 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.2	H	0.8-2.0 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.5 mg/dL	
ALKALINE PHOSPHATASE	54		20-125 U/L	
AST	21		3-50 U/L	
ALT	17		3-60 U/L	
CREATINE KINASE, TOTAL	138		0-200 U/L	QHO
CBC (INCLUDES DIFF/PLT)				QHO
WHITE BLOOD CELL COUNT	9.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.80		4.20-5.80 Million/uL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	45.1		38.5-50.0 %	
MCV	93.9		80.0-100.0 fL	
MCH	31.2		27.0-33.0 pg	
MCHC	33.2		32.0-36.0 g/dL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	330		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	5704		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2576		850-3900 cells/uL	
ABSOLUTE MONOCYTES	736		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	184		15-500 cells/uL	
ABSOLUTE BASOPHILS	0		0-200 cells/uL	
NEUTROPHILS	62		%	
LYMPHOCYTES	28		%	
MONOCYTES	8		%	
EOSINOPHILS	2		%	
BASOPHILS	0		%	
C-REACTIVE PROTEIN	0.25		<0.80 mg/dL	QHO
TSH	1.62		0.40-5.50 mIU/L	QHO
PSA, TOTAL	0.2		< OR = 4.0 ng/mL	QHO

PSA VALUES FROM DIFFERENT ASSAY METHODS CANNOT BE
USED INTERCHANGEABLY. THIS ASSAY WAS PERFORMED
USING THE BAYER CHEMILUMINESCENT METHOD.



QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
CONRAD, ROBERTREPORT STATUS **FINAL**COLLECTED: 01/30/2007 09:12 ET
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GENDER: MORDERING PHYSICIAN
PETRUNCIO, GEORGE J

PERFORMING LABORATORY INFORMATION

QHO QUEST DIAGNOSTICS-HORSHAM, 900 BUSINESS CENTER DRIVE, HORSHAM, PA 19044, Laboratory Director: HERMAN HURWITZ, MD, FCAP
CLIA: 39D0204404

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

TRIGLYCERIDES	164	H	<150 mg/dL	QHO
GLUCOSE	103	H	65-99 mg/dL	
FASTING REFERENCE INTERVAL				
ALBUMIN/GLOBULIN RATIO	2.2	H	0.8-2.0 (calc)	

DiMARINO-KROOP-PRIETO GASTRO-INTESTINAL ASSOCIATES, P.A.

Anthony J. DiMarino, M.D.
Howard S. Kroop, M.D.
Jorge A. Prieto, M.D.
Mitchell I. Conn, M.D.
Robert M. Coben, M.D.
Jeffrey A. Abrams, M.D.
Michael C. DiMarino, M.D.

Woodbury Medical Center
17 West Red Bank Avenue
Suite 302
Woodbury, NJ 08096
(856) 848-4464
FAX: (856) 848-8706

Thomas Jefferson University Hospital
132 South 10th Street
480 Main Building
Philadelphia, PA 19107
(215) 955-8900
FAX: (215) 923-3447

December 22, 2006

George J. Petruncio, M.D.
188 Fries Mill Road, Suite E-1
Turnersville, NJ 08012

RE: Robert Conrad
DOB: 02/26/55

Dear George:

I had the pleasure of seeing your patient, Robert Conrad, on December 20, 2006 for a **colonoscopy**.

Colonoscopy was performed to the cecum. The cecum was identified by the ileocecal valve, appendiceal orifice, and the convergence of folds. The cecum was normal. The ascending colon and transverse colon showed occasional diverticula. The descending colon and sigmoid colon showed frequent diverticula. In the sigmoid there was a 3 mm polyp that was hot biopsied and removed. The rectum was normal. On retroflexion moderate internal hemorrhoids were seen. The preparation was fair to good. There was some liquid stool and most of it was removed.

IMPRESSION:

1. Status post colonoscopy - one polyp removed and diverticulosis and hemorrhoids found.

RECOMMENDATIONS:

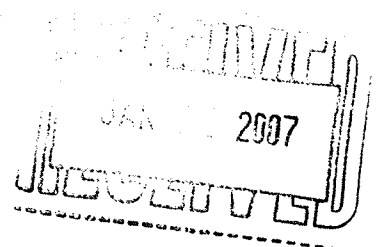
1. Check pathology results.
2. High fiber diet.
3. Repeat colonoscopy in three to five years' time, depending on the biopsies.

Thank you for allowing me to participate in your patient's care. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Jeffrey A. Abrams, M.D.

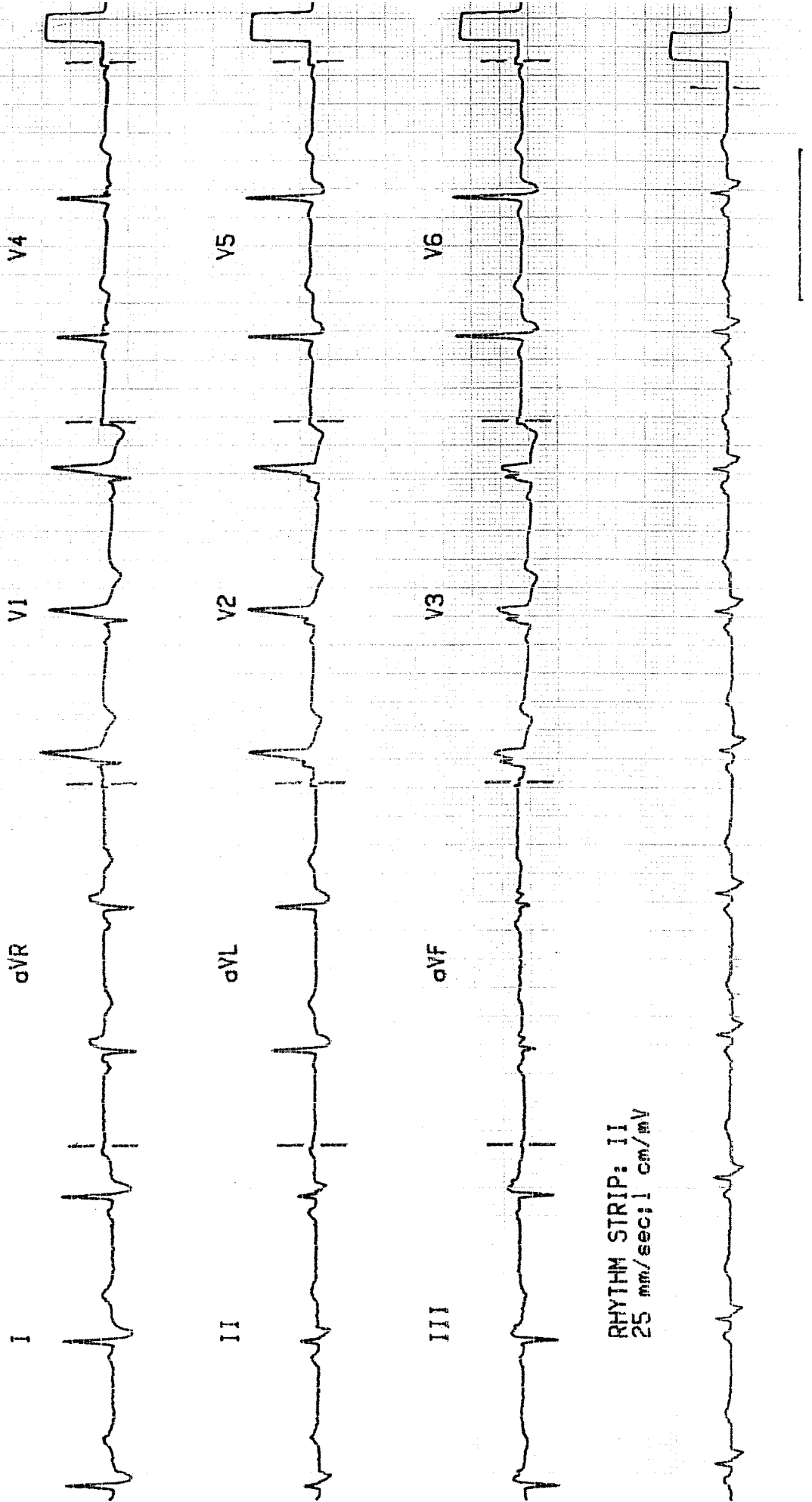
JAA:fcb



Robert Conrad
m 6 8c
m 17
m 15
m 13
m 12

18 DEC 06 8:08:17

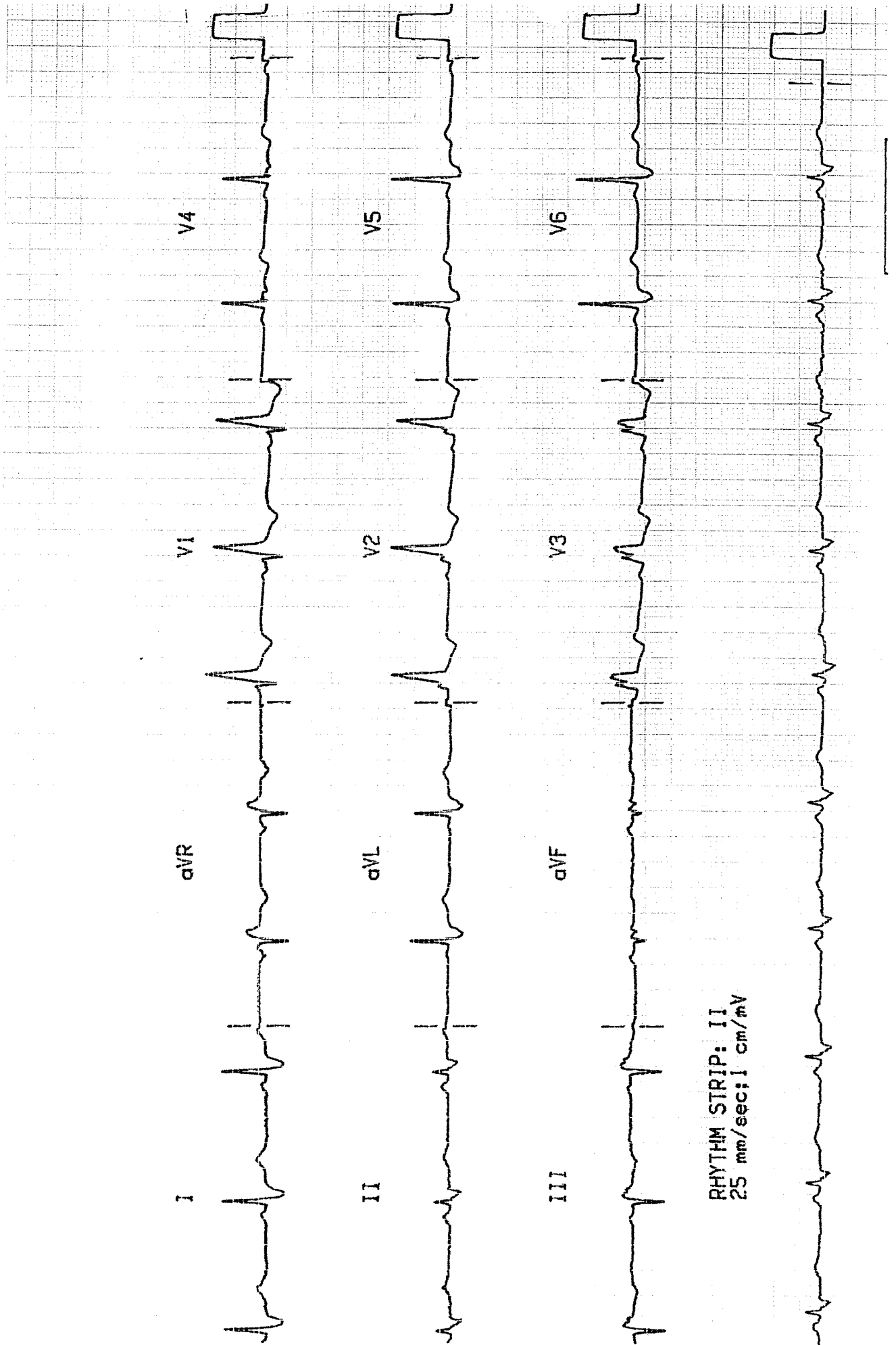
11002
m 17
m 15
m 13
m 12



RHYTHM STRIP: II
25 mm/sec; 1 cm/mV

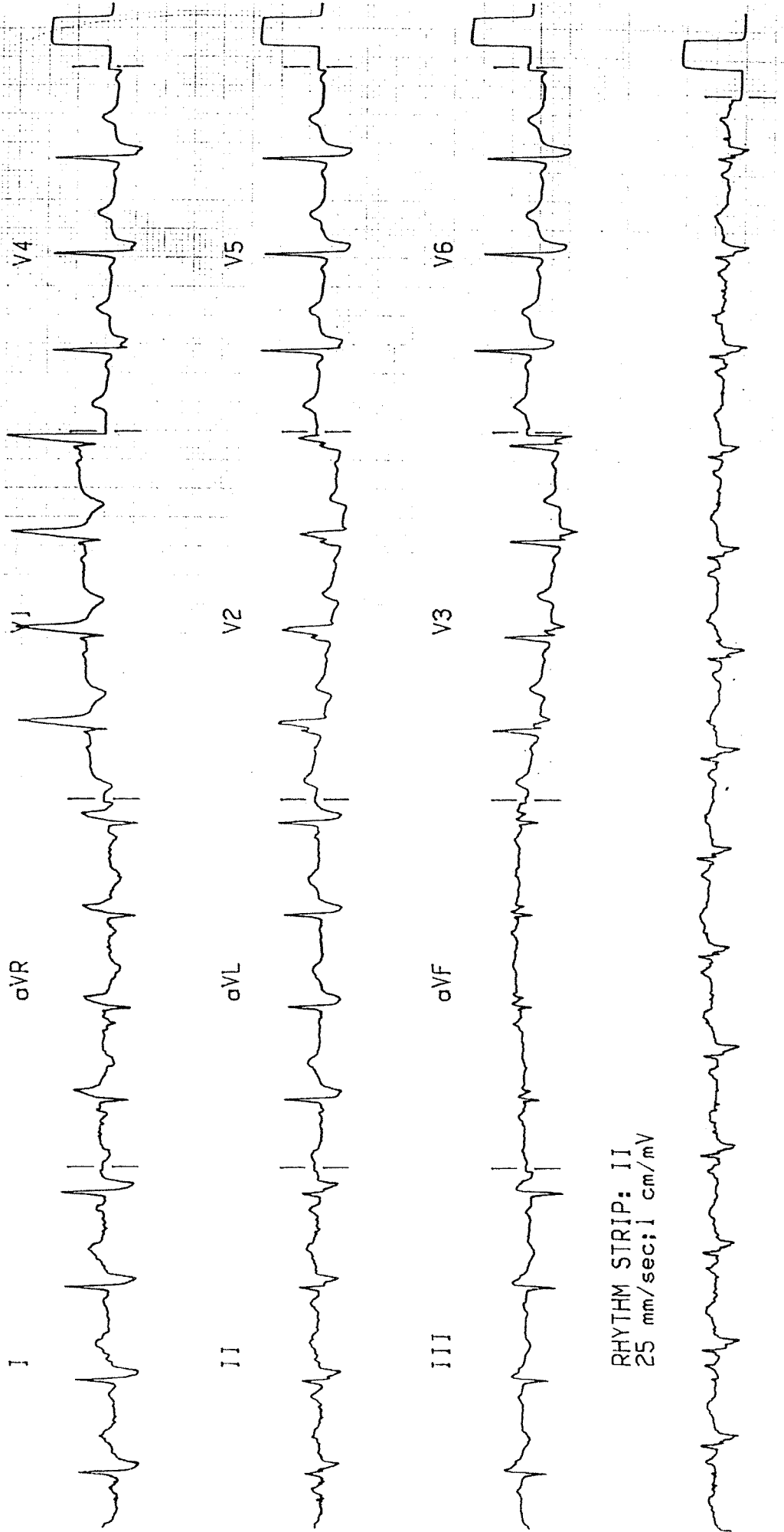
Robert Conrad

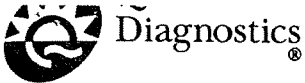
18 DEC 06 8:08:17



Robert Conrad

24 DEC 01 1:13:44





QUEST DIAGNOSTICS INCORPORATED
TENT SERVICE 800.825.7330

PATIENT INFORMATION
CONRAD, ROBERT

DOB: 02/26/1955 AGE: 51
GENDER: M

SPECIMEN INFORMATION

SPECIMEN: NE718521E
REQUISITION: 0004730
LAB REF: TUV

COLLECTED: 11/02/2006 07:53 ET
RECEIVED: 11/02/2006 13:47 ET
REPORTED: 11/03/2006 08:40 ET

REPORT STATUS **FINAL**

ORDERING PHYSICIAN
PETRUNCIO, GEORGE J

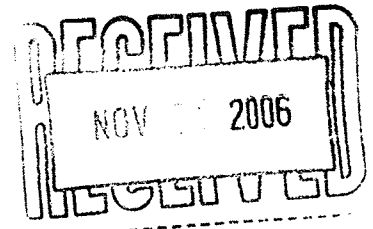
CLIENT INFORMATION
N08080044 ML08
GEORGE PETRUNCIO, MD
188 FRIES MILL RD STE E1
TURNERSVILLE, NJ 08012-2015

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
GLUCOSE, FASTING (P)	98		65-99 mg/dL	QHO
HEMOGLOBIN A1c	5.4		% of total Hgb	QHO
NON-DIABETIC: <6.0%				

PERFORMING LABORATORY INFORMATION

QHO QUEST DIAGNOSTICS-HORSHAM, 900 BUSINESS CENTER DRIVE, HORSHAM, PA 19044, Laboratory Director: HERMAN HURWITZ, MD, FCAP
CLIA: 39D0204404



Handwritten signature

CONRAD, ROBERT - NE718521E

Page 1 - End of Report



SCHOOL OF
OSTEOPATHIC
MEDICINE

Gus J. Slotman, M.D., FACS, FCCM, FCCP

University of Medicine & Dentistry of New Jersey

University Doctor's Pavilion
42 East Laurel Road, Suite 2600
Stratford, NJ 08084
Phone: 856-566-6428
Fax: 856-566-6429

Bariatric Surgery

Head & Neck Surgery

Surgical Critical Care

Comprehensive
Surgical
Weight Control

Multidisciplinary
Management of Head
And Neck Surgery

July 13, 2006

Dr. George Petruncio
188 Fries Mill Rd.
Suite E-1
Turnersville, NJ 08012

Re: Robert Conrad

Dear Dr. Petruncio:

I saw Robert Conrad in the office today in consultation for gastric bypass surgery for morbid obesity. With a weight of 340 lbs., a BMI of 47, and comorbidities, the patient meets the NIH guideline criteria for gastric bypass. The patient was given a prescription for an upper GI series which they will have filled if they decide to undergo surgery. I would appreciate a letter of medical necessity from you prior to surgery. They will also need to have cardiac, psychiatric, pulmonary clearances.

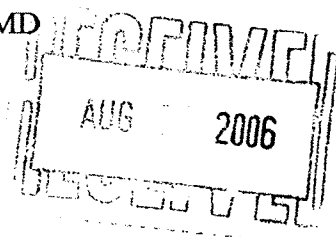
I will continue to keep you informed as to Robert Conrad's progress.
Thank you for your confidence in allowing me to participate in their care.

God bless.

Yours truly,


Gus J. Slotman, MD

GJS/ko





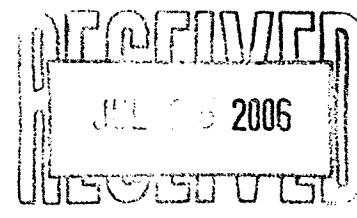
SCHOOL OF
OSTEOPATHIC
MEDICINE

University of Medicine & Dentistry of New Jersey

Department of Medicine

June 15, 2006

George J. Petruncio, M.D.
Fries Mill Pavilion, Suite E1
188 Fries Mill Road
Turnersville, NJ 08012



RE: Robert Conrad

Dear Dr. Petruncio:

Thank you for the opportunity to re-evaluate Robert Conrad in our office today regarding his obstructive sleep apnea syndrome.

Since the patient's last visit back in June of 2005, he has continued to be compliant with regard to the use of his nasal CPAP. He is using nasal CPAP at 11 cm of water pressure. He uses it all night and sleeps for about seven hours per night, but unfortunately he still feels quite tired in the morning when he awakens. He does not have any problems with snoring with the mask in place, nor has he been told that he has any witnessed apneas when he wears the mask. The patient is still using Adderal 20 mg per day, and in spite of that, he still complains of a daytime fatigue, although he does not seem to be having pathologic sleep. He has also recently been diagnosed with fibromyalgia.

The patient's weight remains an issue, it is over 350 pounds. He appears visibly heavier than he did on his exam last year. HEENT exam shows crowding of his upper airway. Heart rate and rhythm are regular without murmur, S3 or S4. Lungs are clear. The abdomen is grossly soft, nontender. Extremities are without edema, cyanosis or clubbing.

IMPRESSION: The patient has severe obstructive sleep apnea syndrome. Other medical problems include morbid obesity, history of depression, fibromyalgia, essential hypertension, peripheral neuropathy.

The patient's weight remains an issue for both his sleep apnea and his general health. The patient is being evaluated for possible bariatric surgery by Dr. Gus Slotman. His sleep apnea appears adequately controlled for the time being. He seems to be fairly compliant. His weight obviously as I said is a significant issue, which we discussed at some length. I told the patient I would appreciate the opportunity to see him at yearly intervals or at any time if he has recurrence of his snoring or significant sleepiness.

Ar

Thank you for the opportunity to re-evaluate your patient.

Sincerely,



Thomas F. Morley, D.O., F.C.C.P., D.A.B.S.M.
Professor of Medicine
Diplomate, American Board of Sleep Medicine
TFM/jlr

d: 06/15/2006 1531 PST
t: 06/17/06 0808 EST
36663631

cc: Gus Slotman, M.D.
712 Haddonfield Road
Cherry Hill, NJ 08002

Signed by Thomas Morley DO, FCCP, FACOI on 07/19/2006 at 11:58 AM

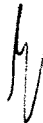


EXHIBIT 27



Liberty Life Assurance Company of Boston
Disability Claims
P.O. Box 242484
Charlotte, NC 28224-9904
Phone No.: (800) 853-7108 Ext. 369
Secure Fax No.: (888) 443-4212

March 23, 2007

Robert Conrad
C / O Hagner & Zohlman, LLC
Attorneys At Law
1820 Chapel Avenue West Suite 160
Cherry Hill, NJ 08002-0000

RE: Long Term Disability Benefits
Wachovia Corporation
Claim #: 2021495

Dear Robert Conrad:

We are writing in regard to your claim for Long Term Disability (LTD) benefits under the Wachovia Corporation Group LTD plan. You have been receiving LTD benefits based on your inability to perform the duties of your own occupation as a Financial Advisor. The above plan contains a change in the definition of disability which states the following:

"Disability" or "Disabled" means:

- (a) during the Elimination period and the next 24 months, the Participant's inability to perform all of the material and substantial duties of his or her own occupation on an Active Employment basis because of an Injury or Sickness; and*
- (b) after the period described in paragraph (a) above, the Participant's inability to perform all of the material and substantial duties of his or her own or any other occupation for which he or she is or becomes reasonably fitted by training, education, or experience because of an Injury or Sickness.*

On December 8, 2006, we advised you that to remain eligible for LTD benefits beyond the 24th month, you must be disabled from any occupation as stated above. Since your LTD benefits began on February 01, 2005, the change in definition occurred on February 1, 2007.

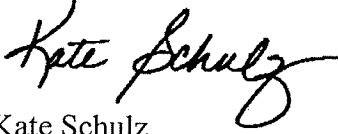
As part of our continuing review, we are awaiting the results of an independent physician review of your claim, as we advised in our letter dated March 1, 2007.

You will continue to receive LTD benefits during this review; however, this payment, or any future payments, should not be interpreted as an admission of present or ongoing liability. We reserve the right to enforce any and all provisions of the plan at any time.

We will notify you of our decision upon completion of our review. Should our decision be unfavorable, you will not be required to make reimbursement of benefits issued.

If you have any questions about the change in definition or our ongoing investigation, please contact our office.

Sincerely,

A handwritten signature in black ink that reads "Kate Schulz". The signature is written in a cursive style with a large, stylized "K" and "S".

Kate Schulz

Sr. Disability Case Manager

Phone No.: (800) 853-7108 Ext. 369

Secure Fax No.: (888) 443-4212